TRINTING SOLUTIONS 908-865-1999 LB57-170

TOWNSHIP OF LIVINGSTON HEALTH DEPARTMENT

204 HILLSIDE AVENUE LIVINGSTON, N.J. 07039 TEL (973) 535-7961 FAX (973) 535-3234 If animal is deceased or no longer owned please check box and return form

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LICENSE NO.

DATE ISSUED	DOG PARK TAG NO.				
BREED			AGE	RABIES EXPI	RES
SPAYED/NEUTERED (YES or NO) VETERINARIAN		<u>L</u>		TELEPHONE N
		DESCRIPTI	ON	SPAYED NEUTERED	MON-SPAYED NON-NEUTERE
		LICENSE FEE		\$ 15.00	\$20.00
		LATE FEE - MARCH 1s	ı	\$ 5.00	\$ 5.00
	•	DOG PARK PASS: Res	ident	\$10 00	\$10.00
		DOG PARK PASS: Nor	-Resident	\$20.00	520.00
Email:					
NEWED IN JANUARY OF NEXT YE	AR	SUBMIT CURREN	IT RABIES	CERTIFICAT	E IF EXPIRE
VERSE SIDE		SUBMIT SPAY/NE	LITER CE	RTIFICATE IF	NOT ON FIL
35-3234 DATE ISSUED			LICENS	SE NO.	
BREED			,AGE	RABIES EXP	IRES
SPAYED/NEUTERED (YES or N) VETERINARIAN	i			TELEPHONE
		DESCRIPT	ION	SPAYED NEUTERED	NON-SPAYED
		LICENSE FEE			\$20.00
		4.44	st	\$ 5.00	\$ 5.00
				\$10.00	\$10.00
		DOG PARK PASS: No	n-Resident	\$20.00	\$20 00
Email:		• • • • • • • •			
NEWED IN JANUARY OF NEXT YE	AR				
EVERSE SIDE					
	Email: SPAYEDMEUTERED (YES & NO.) Email: NEWED IN JANUARY OF NEXT YES VERSE SIDE H DEPARTMENT SPAYEDMEUTERED (YES & NO.) SPAYEDMEUTERED (YES & NO.) Email:	Email: NEWED IN JANUARY OF NEXT YEAR EVERSE SIDE H DEPARTMENT If animal is diplease of please of please of please of please of please of spayedineutered (yes or no) veterinarian Email: Email: Email: Email:	BREED: SPAYEDMEUTERED (YES or NO) VETERINARIAN DESCRIPTI LICENSE FEE LATE FEE - MARCH 1s DOG PARK PASS: Res DOG PARK PASS: NO RABIES V TO OCTO SUBMIT CURREN SUBMIT SPAY/NE H DEPARTMENT If animal is deceased or no please check box and r 35-3234 DATE ISSUED DOG I BREED SPAYEDMEUTERED (YES O' NO) VETERINARIAN DESCRIPT LICENSE FEE LATE FEE - MARCH 1s DOG PARK PASS: Re DOG PARK PASS: Re DOG PARK PASS: Re DOG PARK PASS: Re DOG PARK PASS: NO Email: RABIES V TO OCTO SUBMIT CURREN SUBMIT CURREN SUBMIT SPAY/NE SUBMIT SPAY/NE	BREED: SPAYED/NEUTERED (YES or NO) DESCRIPTION LICENSE FEE LATE FEE - MARCH 1st DOG PARK PASS: Resident DOG PARK PASS: Non-Resident TO OCTOBER 31 O SPAYED/NEUTERED (YES or NO) PERSON OF THE PROPERTY OF NEXT YEAR SUBMIT SPAY/NEUTER CE H DEPARTMENT If animal is deceased or no longer please check box and return fo 35-3234 DATE ISSUED DOG PARK TA SPAYED/NEUTERED (YES or NO) DESCRIPTION LICENSE FEE LATE FEE - MARCH 1st DOG PARK PASS: Resident DOG PARK PASS: Non-Resident TO OCTOBER 31 O SUBMIT CURRENT RABIES ENEWED IN JANUARY OF NEXT YEAR SUBMIT CURRENT RABIES	BREED: SPAYED/NEUTERED (YES or NO) VETERINARIAN DESCRIPTION SPAYED LICENSE FEE

INSTRUCTIONS:

- 1. Check application for accuracy and make any necessary corrections.
- 2. Check rabies information and neuter status. If there have been any changes since last billing, be sure to enclose required certificates.
- 3. RETURN ALL COPIES OF THIS APPLICATION WITH A SELF-ADDRESSED STAMPED ENVELOPE, ALONG WITH YOUR CHECK OR MONEY ORDER PAYABLE TO TOWNSHIP OF LIVINGSTON FOR APPROPRIATE AMOUNT.
- 4. In order to utilize the Livingston Dog Park, all dogs must wear a Livingston Dog Park Pass. Use this form to apply for the pass by completing the information on the front of this application and include the appropriate fee for your Livingston Dog License and the Dog Park Pass. You must have a current year Dog License from your municipality to apply for a Dog Park Pass. By signing below I agree to the release of Liability statement as well as the Rules of the Livingston Dog Park that appear on the www.livingstondogpark.com web site.

Signed:	Date	
All State Registration Fees	And Surcharges Are Included	
TOWNSHIP OF LIVINGSTO	ON - HEALTH DEPARTMENT	

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5. Replacement Tags for Animal License \$5.0	5.	Ren	lacement	Tags	for.	Animal	License	\$5.00
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Replacement Tags for Animal License \$5.00

Signed:		Date	
All State Registra	ation Fees And S	Surcharges Are Included	
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